6763 CERTIFICATE OF DEATH

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TO HOSPITA R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 however death. Page 4 may be reserved by the haspital ar attending physician on the completely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove arban pages? Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after leath.

VR A15 (4) 15M 9/59

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	CE OF DEATH		4	MARYLA	11 0	SUAL RESIDENCE (W. STATE		lived. If institution b. COUNTY	on: Residence	a before o	admission)
		Carolin				Mary	land		Car	coli	ne
Ŀ	ITY OR TOWN (If URAL and give ne	If outside corporate earest town)	limits, write	c. LENGTH OF STAY IN	116	CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond gi	ve negres	t town)
		reensbor		1 Month		dural Gr	eensbo	ro			
(OR MASTITUTION	TAL (If not in hospite			110	STREET ADDRESS					ON A FARM?
	Cherry	Nursin	ng Hoi	me		None					ES NO
3. 1	ME OF EASED		First	Middle		Last	4. DATE	Mon	th	Day	Year
	e or print)	Mary		市	10	Ta a ma	DEATH	-		17	19 60
5. \$		6. COLOR OR RA		RRIED NEVER MARRIED		E OF BIRTH		9. AGE (In years	IF UNDER T	YEAR IF	UNDER 24 HRS.
	emale	White	WIDOV			12-1874		85 yrs.			fours Min.
00.	SUAL OCCUPATIO	ON (Give kind of wo	ork dane 10b	6. KIND OF BUSINESS OR	INDUSTRY 1	1. BIRTHPLACE (Stole	e or foreign co	untry)	12. CITIZ	EN OF W	HAT COUNTRY?
	ousewif	ling life, even if ret	tired)	None		New J			U.	S.A	•
3.	HER'S NAME				14.	MOTHER'S MAIDEN	NAME				
	Jo	seph Oh	nanlo	n		No Rec	ord				
5		-		6. SOCIAL SECURITY NO.	17. INFORM			Add	ress		
		(If yes, give war or dates		or openic seconiii i iio.				7100			
	0			None	_Jan	es L. M	pore	Greens	bore-	Ma	ryland
	CAUSE OF DEA	ATH [Enter only on	ne couse per	line for (a), (b), and (c).]						INTERV	AL BETWEEN
	PART I. DEA	TH WAS CAUSED E	BY:	Chronic N	fro on:	n24+46				ONSET	AND DEATH
	11 -	IMMEDIATE CAUS	SE (0)	OTH-OHIE L	TA O Car	LOTOTA				-	
	722	DUE	E TO								
1	Conditions, if on	ny, which)	(b)	General A	nten	oselese	ala				
	gave rise to in		E TO		-A -V-V-B-1						
	ouse (o), stoting I	the under-	E 10								
-	ying couse last.	,	(c)								
CERTIFICATION	PART II. OTH	HER SIGNIFICANT C	CONDITIONS	S CONTRIBUTING TO DEAT	H BUT NOT I	RELATED TO THE TERA	WINAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
¥											ES NO
FE	a ACCIDENT WA	AS LINDERLYING TO	20b. DE	ESCRIBE HOW INJURY OCC	URRED (Ent	er noture of injury in	Post I or Port	II of item 18.1			
ERT	CONTRIBUTING	AS UNDERLYING DEA	ATH		o miles fem	or manage as impary in					
		MEDICAL EXAMINE	1								
MEDICAL		Y Month, Day,	Year 20d.	. INJURY OCCURRED 20		F INJURY (Home, far		ar town)	(Co	ounty)	(State)
ED	Hour a.m.		19 While	le Not while	toctory, s	treet, office bldg., et	rc.)				
2	p. m.		01 110		-						
	. I certify that	it (1) (this hasp	ital) atten	nded the deceased fr	om No	7. 10 1	59ta	June 1	3_, 19_6	O that	(I) (we) last
	w the decens	sed alive an J	line 1	12_160 , and th	hat death	accurred at Q	AM from	he course on	d on the	date st	ated ahave
	O. SIGNATURE	-	/	P	ilor dealti	dictorred dr.	grat, mont	ine cooses on	G GII THE	dare si	22b. DATE
	dul.	~ . D S.	100	1 1		ATTENDING	MED.	STAFF PHYS.			SIGNED
	unu	ares H	OA	neeyer			DIRECTOR -	PHYS.			
	C. PHYSICIAN'S		C1.	40/ 200		22d. ADDRESS	- wilg				
	NAME (Chia	ries H.	Ston	nesifer, M.D	•	Greens	poro,	Md.			
23a	JRIAL CREMATIO	N, 23b. DATE THE	EREOF	23c. NAME OF CEMET	FRY OR CREA	MATORY	23d. LOCAT	ION (City, town,	or country		(Stote)
	MOVAL (Specify)			To come	on one			nsboro		awl o	
	urial	6 -16-	- 60	Greensb	oro		-				nd
24/	NERAL DIRECTOR	SSIGNATURE	0 0	ADDRESS		250. REC	C'D BY REGISTI	RAR 25b. REGI	STRAR'S SIG	NATURE	
-	· 6 Da	relais	1/1	MIGMA CORA	m	A DATE JI	UN 1 7 '6	0 0	Thur &	4.	
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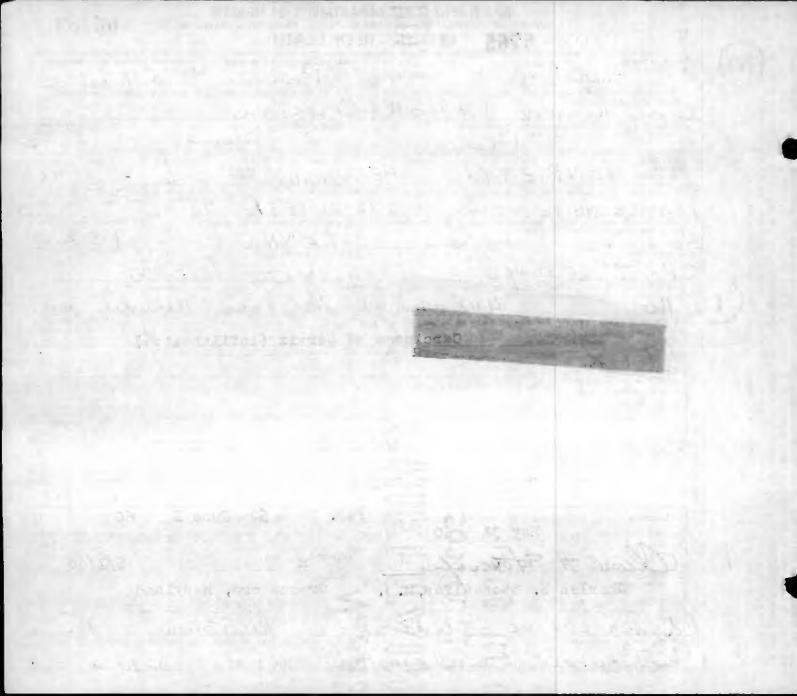
06732 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5764MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

3.	PLACE OF DEATH O. COUNTY O. STATE DRY LAND b. COUNTY O. STATE DRY LAND b. COUNTY O. STATE DRY LAND b. COUNTY
•	C. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) RURAL DENTON C. CITY OR TOWN (It outside corporate timits, write RURAL and give nearest town) RURAL DENTON
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
1 1	NAME OF DECEASED (Type or print) NAME OF DEATH DUNE 11 1960
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. WIDOWED DIVORCED SET 5, 1877 9. AGE (In years log birthday) Windows Doys Hours Min.
7	WOULD OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME
15. (Yes	WAS DECEASED EVER-HOU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clark, Deceased, Kid.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Gove rise to immediate cause (a), stoling the underlying cause lost. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 10. EXTERNAL CAUSE WAS PRIMARY 10 or CONTRIBUTING 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
MEDICAL C	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. While Not while of work of work of work
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER . EXAMINER'S ASSISTANT MEDICAL EXAMINER .
0	DEPUTY MEDICAL EXAMINER DEPUTY

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VR A15 (4) 15M 9/59

	0763 CERTIFICATE OF DEATH	
	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institutions of STATE of S	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RUR RURAL and give nearest town) Reval Many de 0. 4 Months One feeld	tAL and give neglest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR ONE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HENRIETTA Middle HERRMANN GATH	Doy Year
	MAKEED I INCHES IN THE PARTY OF	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Actual and the country of the coun	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME) Christian Wolfe (200)	a,
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) Unknown Wer.	udel md.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and [c].] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate couse (a), stoting the under. DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	1ying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. HUURY OCCURRED Hour o. m. Doy, Year 20d. HUURY OCCURRED factory, street, office bldg., etc.) While Not while ot work ot work	(County) (State)
	saw the deceased alive an May 31 1960, and that death occurred of A.M., from the causes and 220 SIGNUE M.D. ATTENDING MED. DIRECTOR STAFF PHYS. STAFF PHYS. STAFF PHYS. CALL 221. PHYSICIAN'S NAME (TypEharles H. Stonesifer, M.D. Greensboro, Maryla:	6/1/60 22b. DATE SIGNED
	23g-BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or REMOVAL (Specify) 6-4-60 Location (City, town, or all the control of the control	Pa
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 256. REGISTION DATELIN 2 160	RAR'S SIGNATURE



VS. A15ME(5) 5M 9/55

		NT OF HEALTH—BALTIMORE, CERTIFICATE OF DEATH	18 Re
ine	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institute of STATE Maryland b. COUN	
side corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write	RUR

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1. PLACE OF DEATH	oline		MARYLAND	2. USUAL RESIDENCE (1		sed lived. If Institu		dence be		ission)
b. CITY OR TOWN (f outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		porote limits, write				iwni
Rural.	Federalsb	urg	53 years	X Rural		leralsburg				
	idgeville		pital, give street address)	d. STREET ADDRESS	dgevil	Lle Road				ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fie Frede		Middle William	Hulliger	4. DATE OF DEATH	Monit June		Day 6		rear
5. SEX			D MEYER MARRIED		DE PAIN	9. AGE (In years		R TYEAR		ER 24 HRS.
Male	White	WIDOWE	and the second second	July 15, 18	92	fost birthdoy) 67 yrs.	Months	Days	Hours	Min.
during most of working Retired	ON (Give kind of work to life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUS		or foreign	country)	12. CI		F WHAT	COUNTRY?
13. FATHER'S NAME	- CARLES O'S		2 00200	14. MOTHER'S MAIDEN I					210	
John Hu	lliger			Unkn						
15. WAS DECEASED EV		RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address				
Yes	WW I	service)	None	Mrs. Helen N	. Hull	liger R	FD Fe	edera	lsbu	urg
Canditians, if a gove rise to Imme (a), stating the cause tost.	underlying DUE TO		my veder Estrio Sch	lels Chro				ONS L	+ 42	4 °
20g, EXTERNAL CAL	USE WAS 20		HOW INJURY OCCURRED.				EN IN PA		9. WAS PERFO YES	AUTOPSY PRMED3 NO
PRIMARY OF CO	NTRIBUTING									
Y 20c. TIME OF INJU	RY Month, Day, Yes	White		CE OF INJURY (Home, forn tary, street, affice bldg., etc	n, 20f. (City	y or town)	(C	ounly)		(Stote)
			emains described abo Accident, Su			nspection (X), ndetermined c	make		, and	find that
ACTUAL SIGNATURE	Jawas,	1101	Teoras	M.D. CHIEF MEDICAL E	KAMINER [DATE S	GIGNED
EXAMINER'S NAME (Type)	Dr. Dawson	O. Ge	orge	ASSISTANT MEDIC DEPUTY MEDICAL					6-7	2.60
220. BURIAL, CREMATIC REMOVAL (Specify) BULLEL	June 9,	1960	22c. NAME OF CEMETERY OR Hill Crest			TION (City, town, o			ylan	74
23. FUNERAL DIRECTOR			ADDRESS		D BY REGIST	TRAR 24b. REGIS	TRAR'S S	IGNATU	RE	
J. J. Fra	amptom and	Son	Federalsbu	rg		60 0	JEMA.	8 the	us	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Careline Careline Maryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Federalsburg Faderalsburg d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 203 Denten Read m 203 Denten Read YES NOT NAME OF 4. DATE Middle last Manth Day Yeor DECEASED OF DEATH Webster (Type ar print) Jelley 6 3 19 60 FUNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH last birthday) Months Days Hours Male DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Educational Teacher Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Jolley Lillie Adams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 203 Detitin Read Federalsburg, Md. 215-14-3394 Mrs. Margaret Jelley, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20c. TIME OF INJURY Manth. Doy. Year 20d. INJURY OCCURRED (State) (County) MEDIC factory, street, affice bldg., etc.) Haur a.m. While Not while at wark at work 19 6 Ahat I last saw the deceased 21. I certify that I attended the deceased from May 10 accurred at \$100000M, from the causes and on the date stated above. alive an and that eath ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22 LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) BULL Specify) 6/7/60 Petersburg, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Culling a Kraus DATE -UN 1 3 '60 Theraten B. Jelley, Salisbury, Md

FUNERAL page 0 0 VS A15 (4) 1SM 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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	Rural of own	If outside corporate I mits earest town) Erydel	s, write c	40 YI	CS.	X	Rura				rite RU	JRAL ond	give nec	rest town	1)
	OR INSTITUTION	TAL (If not in hospital, gi	ve street add	žress)		1	STREET AD	DRESS	Nor	1e				o IS RES	FARM?
3.	NAME OF DECEASED (Type or print)	Michele		Middle		Le	Pore		4. DATE OF DEATH		Mont 6	h	î	8	Yeor 60
5	SEX Male	187% 2 44 4	7 MARRIED	DIVORCED		8. DA	TE OF BIRTH	376		9 AGE (tn.) lost births	years day) yrs	Months	Days	Hours	Min,
100	during most of wor	ON (Give kind of work di king life, even if retired)	-	nd of Business of	R INDUS		Ita	aly	or foreign co	ountry)		12 CIT	Ita	_	OUNTRY?
13	Jose	eph LePore						Reco							
15. Ye	NO DECEASED EVE	R IN U. S. ARMED FORC (If yes, give war or dates of se	ES? 16 50	None None		Fe]	Lice]	LePo	re 1	Maryd	el.		ryl	and	
	Conditions, if of gove rise to icouse (o), stoling lying couse lost.	mmediate (DUS TO					cular/		9889	.s			ON	SET AND	DEATH
CERTIFICATION	20a ACCIDENT W.		konsc	NTRIBLITING TO DEA	ease	9						EN IN PA	RT 1(o) 1	PERFC	AUTOPSY PRMED?
MEDICAL	20c TIME OF INJUI Hour a m. p. m.	RY Month, Day, Year	White	IRY OCCURRED Not while of work	20e PL/ foo	ACE O	F INJURY (Ho street, office I	ome, form, bldg., etc.	20f (City	or town)			(County)		(State)
	21 1 certify the saw the decea 220 SENTIVE	sed alive an Ju	ne 18	the deceased 1960, and	that d	leath	accurred ATTENDING	at_5A	M, fram	the cause	18 es an	L_, 19_6 d an th	50, the date	stated	we) last abave. b DATE SIGNED
	22c PHYS CIAN'S NAME (Typh)			s)fer, l	M.D.		PHYS. 22d ADDRES Gree	S DII	RECTOR L	Mary]	lan	ıd			
_	BURIAL CREMATOR REMOVAL (Specify	6-22-60		Holy Cr		R CRE			Dov		el	awai		(Sto	e)
24	FUNERAL DIRECTOR	S SIGNATURE	Her	ADDRESS CLUCK	Mo	1.			BY REGIST			TRAR'S S			

TO HOSPIT:

R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours defect death. Page 4 may be read a by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director page 3 should be detached far use as the burial transit permit. Then please remayer carbon pagers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 pars after death.

VR A15 (4) 15M 9/59

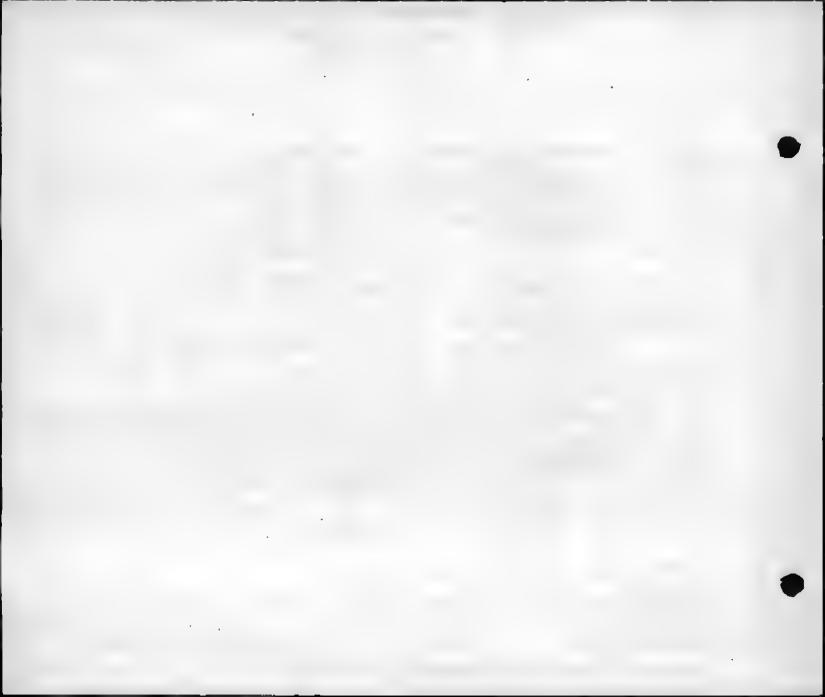


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2 HOSPITAL R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauss after death. Page 4		D FUNERAL EXECTOR: After this certificate has been signed by the attending physician and campletely filled it is the funeral director.	page 3 shauld be detached far use as the burial-transit permit. Then pleas premare carbon papers. Pages 1 and 2 should be filed with	
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TENDI	may be re d by the haspital or attending physician.	DR: AF	tochec	the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.
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VS A15 (4) 15M 9/55

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	PLACE OF DEATH O. COUNTY AROLINE	MARYLAND	2. USUAL RESIDENCE (Where dec	eosed lived. If institution: Residution b. COUNTY	dence before admission) ORULTNE
	b. CITY OR TOWN (If outside corporate limits, write RURAL-and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	orporate limits, write RURAL or	nd give nearest fown)
1	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	dastreef Address		IS RESIDENCE ON A FARM? YES NO ()
	NAME OF DECEASED (Type or print) SALLIE	Middle ANN	MORGAN DE		2.5 19 (8
	T W WIDOV	520	B. DATE OF BIRTH	3 S 7 yrs Month	ER 1 YEAR IF UNDER 24 HRS. S Days Haurs Min.
	On USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fore)	gn country) 12.	CITIZEN OF WHAT COUNTRY
1:	1. FATHER'S NAME	Bullock	14. MOTHER'S MAIDEN NAME	a () V	eden
	6. WAS DECEASED EVER IN U. S. ARMED FORCEST (et. no. or authown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT Une Talmage	Strong 1	lentori, he
	PART I. DEATH Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate DUE TO	Jave by a	Hamory	hage	INTERVAL BETWEEN ONSET AND DEATH MOS
2	lying cause lost. (c)	CONTRIBUTING TO SEATURE	NOT BELATED TO THE TENNIS ALL DE		ART 1(0) 19 WAS AUTOPSY
MOITA CIBITORO	10- ACCIDENT MAR HANDERWAND CO. 200- DE	None			PERFORMED? YES NO D
			D (Enter nature of injury in Part I o		
I V DI COLOR	20c. TIME OF INJURY Month, Day, Year 20d. While p. m. 19 at wa		ACE OF INJURY (Hame, farm, 20f. story, street, office bldg., etc.)	(City or town)	(County) (State)
	21. I certify that I attended the decea alive an 19 ACTUAL SIGNATURE AUTHORITY	sed from Albertal		fram the causes and on (S (Street, city agreem, stote)	t last saw the decease the date stated above DATE SIGNE
	PHYSICIAN'S DOWSON O.	Ossuge Tr	D. Denter	Marylo	wd.
2	POTBURIAL CREMATION 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O		CATION (City town, or bount)	heel.
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Deuto	Med, DATEUL 5	GISTRAR 24b. REGISTRAR'S 160 Carthur 2.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

PLACE OF DEATH

Caroline

■ COUNTY

Poge files. Health, PP I

should FUNER VS. ATSME 5M 2/57

b. CITY OR TOWN I touts de corporate limits, write EURAL c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg Rederalsburg VISd NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RE .DEN'E ON A FARMS Charles Street Same YES NO NAME OF 4 DATE Middle Lost Month Yeor DECEASED June 27, 1960 (Type or print) The same Nichola DEATH Paul 19 6 COLOR OR RACE 7. MARRIED [] NEVER MARRIED [] 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR! IF UNDER 24 + R Months Doys Hours Min white WIDOWED DO DIVORCED [Jan. 2I. I906 male 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) .S. A. farmer and plant wrap co. employee Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cecelia Collina John W. Nichels 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Federalsburg, Md. Mrs. Chas Klein 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) De Ball **DUE TO** Conditions, if ony, which gave rise to immediate cours DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO NOS DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, of. (City or fown) (County) (Stote) Not while focigry, street, office bldg , etc.) 19 Got work of work 21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Imaginy []. opinion death resulted from. Natural causes , Accident , Suicide M. Homicide ... Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) 220 BURIAL CREMATION 226, DATE THEREOF 22 NAME OF SEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) June 30, 1960 Concord Cemetery burial 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND

o STATE

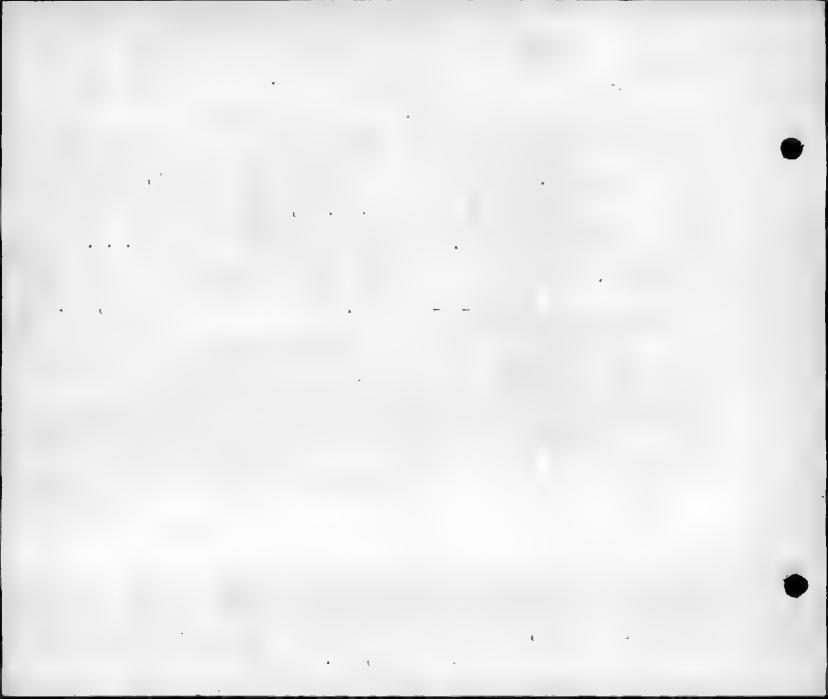
66734

Reg. Dist. No.

Caroline

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

5 COUNTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

06740

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a STATE Maryland COUNTY Caroline **B** COUNTY Caroline MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest tawn) Ridgely Ridgely d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS E IS RESIDENCE ON A FARM? None None YES NO TO NAME OF Fresh Middle Lost 4 DATE Month Year 26 60 Edward Ross June (Type or print) James DEATH 19 S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 74 yrs Months Male Cau. DIVORCED [7] Nov. WIDOWED [10a USJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 111 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Delaware Cannery Cannery Worker 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Pippen Charles Ross 17. INFORMANT Address IS WAS DECEASED EVER IN S ARMED FORCES? 16 SOCIAL SECURITY NO No unknown Ridgely, Md. Mrs. Katie Ross 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TO Coronary Occlusion DUE TO Arteriosclerotic Cardiovascular Canditions, if and which (b) gove rise to immediate Disease **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port L or Port II of item 18.) 20e. PLACE OF INJURY (Home farm, 20f (City or town) 20c TIME OF INJURY 20d INJURY OCCURRED (County) (Slote) foctory, street, office bldg., etc.) Hour a m While Nat while at work p. m 21 I certify that (I) (this hospital) attended the deceased from Nov. 10 June 26 1960, that (1) (we) lost sow the deceased alive on June 26 1960, and that death occurred at ___ M, from the causes and on the date stated above 220 AGNALJEE 22b DATE SIGNED ATTENDING PHYS MD DIRECTOR -PHYS 22c PHYS CIAN S 22d ADDRESS Charles Stones/fer. M.D. Greensboro. Maryland 230 BURIAL, CREMATION 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION [City, fown, or county) (State) REMOVAL (Specify) Ridgely Ridgely. 256 REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D 8Y REGISTRAR arthur S. Kraus 216231 DATE JUN 2 9 '60

certificate be executed permit. signed **buriol-tronsit** or attending physicion s certificate has been s the detoched for moy be re d by the TO FUNERAL BIRECTOR: þe 3 should

cremotion,

1SM 9/59



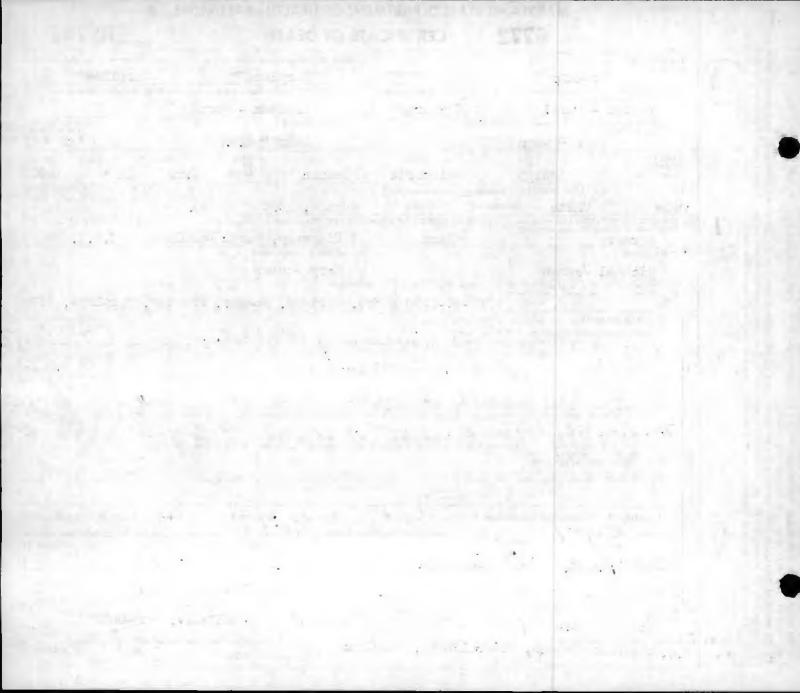
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6772 CERTIFICATE OF DEATH

Reg. Dist. No. 741

1. PLACE OF DEATH o. COUNTY	aroline		MARYLA		USUAL RESIDENCE (W		lived. If institution b. COUNTY		
b. CITY OR TOWN (IF RURAL and give no	outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF			URAL and give	110
d. NAME OF HOSPITA			1	1	d. STREET ADDRESS Noar	Hynson			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Adolp		Middle Reinhardt		Seaman	4. DATE OF DEATH	Mon June	h 21	Day Year 1960
5. SEX	6. COLOR OR RACE	1			ATE OF BIRTH				AR IF UNDER 24 HRS
Male	White	WIDOW	RIED NEVER MARRIED ED DIVORCED [June 6, 190		9. AGE (In years last birthday) 51 yrs.	Months Day	
100. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State	or foreign cou	untry)	12. CITIZEN	OF WHAT COUNTRY
Farmer	ing the, even it terried	,	Farm		Ridgeway.	North	Carolin	a U.	S.A.
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN				
Michael	l Seaman				Mary Isch	ner			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Addi	lo a	
No	, , , , , , , , , , , , , , , , , , , ,		15-36-1759	Mrs	. Marie J.	Seaman	. Presto	n. Mary	land, RFD
Conditions, if an gove rise to in cause (a), stating the line cause lost. PART II. OTH PART III. OTH CONTRIBUTING (IF EITHER, NOTIFY)	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO by, which he widote he wider- EER SIGNIFICANT CON SUNDERVING CAUSE OF DEATH WEDICAL EXAMINER)	min Ditions of 20b. DES	ne for (o), (b), and (c).] Cute Pul Levente Ava LA Hyp CONTRIBUTING TO DEATH CRIBE HOW INJURY OCC	- >	nellite	me - 7	6 yr	est Dies	10 yr
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While	NURY OCCURRED 20 Not while k at wark		OF INJURY (Home, far street, office bldg., et		or town)	(Coun	ty) (State
21. I certify the alive an Signature Physician's NAME (Type) 220. BURIAL, CREMATION	at l attended the	B 7	Lumner 22c. NAME OF CEMETE	M.D.	En Pr	A, from M ADDRESS (Straslor		d on the do	aw the deceased above DATE SIGNED
REMOVAL (Specify)	June 25	1960	Junior Or	der	enetery	Lanci	lester,	arytan	1
3. FUNERAL DIRECTOR'S	m and Son,	Fede	eralsburg, Ma	aryla	TIG	N 2 8 '60		STRAR'S SIGNA	



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